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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	nedule(s) (y of the	FOR LINE NUMBER: PAGE 90 OF 143 check only one) X 17	
	y information copied from such Reports and Statements for commercial purposes, other than using the name and				
\rangle	NAME OF COMMITTEE (In Full) Families for James Lankford				
A.	Full Name (Last, First, Middle Initial) American Airlines			Date of Disbursement	
	Mailing Address PO Box 619616			07 16 2015	
	City State DFW Airport TX	Zip Code 75261		Amount of Each Disbursement this Period	
	Purpose of Disbursement Airfare Candidate Name		002	445.00 Transaction ID : SB17-EX5058	
	Office Sought: House Disbursement For Senate President Other	_	Category/ Type	Airfare	
	State: District: Full Name (Last, First, Middle Initial)				
В.	American Aidines			Date of Disbursement	
				07 1 17 2015	
	City State DFW Airport TX	Zip Code 75261		Amount of Each Disbursement this Period	
	Purpose of Disbursement Bag check fee Candidate Name		002	50.00 Transaction ID : SB17-EX5059	
	Office Sought: House Disbursement Fo	or: 2016	Category/ Type	Bag check fee	
	Senate Primar President Other	· <u>· · · · · · · · · · · · · · · · · · </u>		Sug Grook rec	
	State: District: Full Name (Last, First, Middle Initial)				
C.	American Airlines			Date of Disbursement	
	Mailing Address PO Box 619616			07 / D C / V V V V V V V V V V V V V V V V V V	
	City State Zip Code DFW Airport TX 75261		Amount of Each Disbursement this Period		
	Purpose of Disbursement bag check fee Candidate Name		002 Category/	25.00 Transaction ID : SB17-EX5061	
			Туре	bag check fee	
	State: District:			Feedback and charge the first of	
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SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....